

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/05/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
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W0000	<p>This visit was for the investigation of Complaint #IN00118029.</p> <p>This visit was in conjunction with the post certification revisit to the fundamental recertification and state licensure survey.</p> <p>COMPLAINT #IN00118029: SUBSTANTIATED, Federal and state deficiency related to the allegation is cited at W331.</p> <p>Dates of survey: October 25, 26 and November 1, 2 and 5, 2012</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiency also reflects state findings in accordance with 460 IAC 9. Quality Review completed 11/19/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0331	<p>483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on observation, record review and interview for 1 of 3 sampled clients (client C), the facility failed to provide sufficient nursing services by not ensuring tracking of bowel movements was completed and measures were in place for client C's identified mobility needs.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/26/12 from 6:30 A.M. until 7:40 A.M.. During the entire observation client C walked around her home holding on to the walls, couches and chairs. Client C cried and stated, "I'm going to fall, you guys just want me to fall so you can laugh at me. Nobody wants to help me. I need my walker." Direct Support Professionals (DSP) #1 and #2 did not respond to client C's request for a walker and stated, "You are ok, you don't need a walker."</p> <p>An interview with DSP #1 was conducted on 10/26/12 at 7:00 A.M.. When asked if client C used a walker for mobility, DSP #1 stated "She has a walker from when she had knee surgery but she doesn't need one now."</p>		W0331	<p>A bowel movement tracking chart has been implemented for Client C. Staff will document and send in monthly. Client C was evaluated for PT. client C completed physical therapy and was released with home exercises. Client C is walking safely without the use of a walker with verbal prompts from staff. To ensure future compliance, Community Services Nurse will monitor weekly for one month and monthly thereafter.</p>		11/29/2012	

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	<p>A review of client C's hospital medical records was conducted on 10/26/12 at 3:30 P.M.. Review of the record indicated:</p> <p>"[Client C] , female was admitted on 10/9/12 for vaginal bleeding and diarrhea for 2 days. Patient had a similar problem and was treated at [Hospital #1 name] and it appeared to get better. However 2 days before presenting she developed vaginal bleeding again and had 2 doses of diarrhea. Before her bleeding was just spotting but this time there is a decent flow of blood from the vagina area. She was admitted for management."</p> <p>"10/10/12 Impression: Impression: Marked gas distention of the ascending and transverse colon with evidence of fecal impaction. There is no small bowel distention. There is nonobstructing right inguinal hernia (protruding intestine) with the cecum (beginning of the large intestine) extending into the hernial sac...Assessment: Stool impaction with colonic gaseous distention...History: Fecal impaction. Markedly large amount of stool is noted in the rectum extending into the sigmoid colon and also descending colon representing the known fecal impaction. Gas distention of the proximal colon is noted. Similar findings</p>						

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	<p>are noted on the CT scan scout film done earlier on the same day...Fecal impaction with a markedly large amount of stool in the rectum and the sigmoid and descending colon. Gas distention of the proximal colon is noted."</p> <p>"10/14/12 Physical Therapy (PT) Initial Evaluation: Assessment: Strength: Decreased endurance, difficulty with walking...Recommendation: Skilled Long Term PT...Patient evaluated and treated for 40 minutes. Treatment consist of bed mobility (supine to from sit). Continue PT...Patient was seen for 25 minutes of PT treatment. Patient received bilateral exercises in sitting and 12 reps in all planes. Patient received transfer training for sit to stand with minimum assist. Patient performed marching in place with roller walker. Patient received gait training with roller walker 15 feet with and minimum assist. Patient reported she has no pain and tolerated session well...Recommendation: Skilled long term PT. Equipment Recommended: TBD (To Be Determined). Equipment evaluation/education. Balance training, Gait training, Continued evaluation. PT Frequency: 5 times a week."</p> <p>A review of client C's record was conducted on 11/1/12 at 2:00 P.M.. Review of client C's medical record</p>						

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	<p>indicated:</p> <p>"Medical notation dated 10/9/12: I received a phone call from DSP stating that consumer looked pale and had been having bloody diarrhea stools for most of the day during the workshop hours and she was very weak. I advised staff to take consumer to hospital for evaluation and treatment. She was admitted DX (diagnosis) of hematuria (blood in urine) and fecal impaction."</p> <p>"Medical notation dated 10/17/12: Received report on consumer's condition (hospital). Voiding tea colored urine via foley catheter. For possible fecal impaction she was placed on several medications such as Miralax and Senna and was given several enemas for this problem. She is now having bowel movements on her own. She remains in the hospital, the duration is unknown."</p> <p>"Medical notation dated 10/17/12: I received a phone call from group home DSP stating that consumer was having trouble standing therefore she sat down on the floor and staff were (sic) unable to help her get up. I went to the group home at 11:00 P.M. and assisted consumer off the floor into bed."</p> <p>"Medical notation dated 10/25/12: PT</p>						

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	<p>(Physical Therapy) evaluation: PT (patient) evaluated today at [Hospital name]. PT may benefit from PT 1-2x (times) a week to improve strength, balance and mobility. Will phone to schedule once Medicare certification is received."</p> <p>Further review of client C's record indicated POs (Physician's Orders) dated 10/1/12 to 10/31/12 and 11/1/12 to 11/30/12: "Docusate Sodium 100 mg (milligram) (stool softener) capsule...Polyethylene Glycol3350 powder (constipation)...Senna Laxative 8.6 mg tablet...Sorbitol 70% solution (laxative)...SM Antidiarrheal 2 mg caplet. Further review of the record failed to indicate bowel tracking sheets for client C before and after her hospitalization.</p> <p>An interview with the group home Licensed Practical Nurse (LPN) was conducted on 11/5/12 at 2:50 P.M.. When the LPN was asked if client C had a history of bowel impaction, she stated "Yes." When asked if the facility tracked client C's bowel movements due to her history of bowel problems, the LPN stated "No, I guess I should put that in place." When asked if client C had a rolling walking available for her use due to her unsteady gait, the LPN stated "No, she doesn't need a walker, she is able to</p>						

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	ambulate independently." This federal tag relates to complaint #IN00118029. 9-3-6(a)						